

9PL010TWT6
R21-9702

WISCONSIN MOTOR VEHICLE CRASH REPORT

REEDSBURG POLICE DEPARTMENT
200 SOUTH PARK STREET
REEDSBURG, WI 53959
(608) 524-2376

9PL010TWT6

Document Number Override		Primary Crash Document #	Agency Crash Number	Investigating Officer/Deputy J. WILLIAMS	
Crash Date 09/08/2021		Crash Time 04:45 PM	Date Arrived 09/08/2021	Time Arrived 04:50 PM	
Date Notified 09/08/2021		Time Notified 04:47 PM	Total Units 02	Total Injured 00	Total Killed 00
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input type="checkbox"/> Lane Closure	<input type="checkbox"/> Work Zone	<input type="checkbox"/> Trailer or Towed	<input type="checkbox"/> Reporting Threshold
<input type="checkbox"/> Government Property	<input type="checkbox"/> Active School Zone	School Bus Related NO		Tags	
<input type="checkbox"/> Reportable	Crash Type DT4000 (STANDARD CRASH)			<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

Diagram	Reconstruction By
	Photos By J.WILLIAMS
	Additional Information NONE, PHOTOS

I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.

UNIT 2 STATED SHE WAS STOPPED AT THE STOP LIGHT ON E. MAIN ST AT DEWEY AVE WITH VEHICLES IN FRONT OF HER. UNIT 2 STATED WHILE IN A STOPPED POSITION, UNIT 1 REAR ENDED HER. UNIT 2 STATED SHE WAS ALREADY STOPPED FOR A WHILE PRIOR TO THE COLLISION AND DIDN'T STOP QUICKLY. UNIT 1 WHEN ASKED WHAT HAPPENED STATED HE WAS NOT ABLE TO SLOW DOWN IN TIME TO AVOID RUNNING INTO UNIT 2. CITATION FOR AUTOMOBILE FOLLOWING TOO CLOSELY ISSUED AND EXPLAINED TO UNIT 1. UNIT 1 THEN CLAIMED UNIT 2 WAS SLOW TO START MOVING WHEN TRAFFIC IN FRONT OF IT STARTED MOVING FOR THE GREEN LIGHT. UNIT 1 ALSO STATED UNIT 2 WOULD MOVE FORWARD AND BRAKE. UNIT 1 WAS EXPLAINED HE STILL NEEDS TO MAINTAIN A SAFE DISTANCE BETWEEN THE VEHICLE IN FRONT OF HIM TO AVOID BRAKING COLLISIONS.

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Location

ON MAIN ST/ STH23 WB 126 FT E OF S DEWEY AVE IN THE CITY OF REEDSBURG IN SAUK COUNTY	Latitude 43.532410845	Longitude -89.994091352
	X Coordinate 258068.421875	Y Coordinate 4824297
	Structure Type NO STRUCTURE	

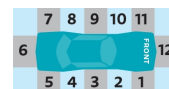
Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT	First Harmful Event Location ON ROADWAY	
Manner of Collision 03 - FRONT TO REAR	Light Condition DAYLIGHT	
Road Surface Condition(s) DRY	Roadway Factor(s) NONE	
Environment Factor(s) NONE		
Weather Condition(s) CLEAR		
Animal Type	Relation To Trafficway TRAFFICWAY - ON ROAD	
Crash Classification - Location PUBLIC PROPERTY	Crash Classification - Jurisdiction NO SPECIAL JURISDICTION	
Tribal Land	Access Control NO CONTROL	Special Study
Within Interchange Area NO	Junction Location INTERSECTION	Intersection Type FOUR-WAY INTERSECTION

Unit Summary

UNIT 01	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type PASSENGER CAR				Operating As Endorsements	
	Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 1	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel WESTBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 25	Total Lanes 4	
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way TWO-WAY, NOT DIVIDED		Traffic Control TRAFFIC SIGNAL		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO					

UNIT 01 VEHICLE	Vehicle				
	License Plate Number AJY7269		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number KNAGE228995316752		Make KIA MOTORS CORPORA	Year 2009	Model OPTIMA
	Color RED - RED		Body Style SD - SEDAN		Bus Use
	Initial Contact Point 12 - FRONT		Vehicle Damage 01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT		
Extent Of Damage MINOR DAMAGE					



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UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OWNER		
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors		
	Driver Prior Action Other		NOT APPLICABLE		
	Driver Actions FOLLOWING TOO CLOSE				
01	Owner Name EMMANUEL RAMOS ROMERO (608) 477-9193		Owner Address 144 SHAW ST BARABOO, WI 53913 , US		
	Sequence Of Events				
01	01	Event MOTOR VEH IN TRANSPORT			
	02	Event MOTOR VEH IN TRANSPORT			
	03	Event			
	04	Event			
UNIT	Policy Holder				
	Insurance Company PROGRESSIVE-CLASSIC-INS-CO		Individual EMMANUEL RAMOS ROMERO		
UNIT INDIVIDUAL	Individual				
	Driver EMMANUEL RAMOS ROMERO (608) 477-9193		Citations Issued	Sex MALE	
	Address 144 SHAW ST BARABOO, WI 53913 , US		Date of Birth 04/17/2002	Race	
			Driver License Number R5262000213704 STATE: WISCONSIN COUNTRY: UNITED STATES		
01	Safety Equipment		On Duty Crash		
			Safety Equipment		
	Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT		
	Helmet Use		Helmet Compliance		
	Eye Protection		Tint Compliance		
	Injury		Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED	
	Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE		Trapped/Extricated NOT TRAPPED
Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #	
Hospital		Date of Death		Time of Death	
Distracted By		Distracted By Source			
Distracted By Action UNKNOWN					

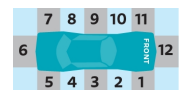
WISCONSIN MOTOR VEHICLE
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UNIT	INDIVIDUAL	Non Motorist		Striking Unit #	Location	
		Prior Action				
		Action				
	Action Other				To/From School	
	01	001	Drug & Alcohol		Suspected Alcohol Use NO	Suspected Drug Use NO
			Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type	Alcohol Test Results	
			Drug Test Given TEST NOT GIVEN	Drug Test Type	Drug Test Results	
			Drug Type			
			Individual Condition APPEARED NORMAL			
	01	Violations				
UTC Number BD875465		Issue To? 001	Statute Number 346.14(1m)	Description AUTOMOBILE FOLLOWING TOO CLOSELY		

Unit Summary

UNIT	02	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE		
		Vehicle Type PASSENGER CAR				Operating As Endorsements		
		Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0		
		Insurance? YES	Direction Of Travel WESTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 25	Total Lanes 4		
		Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT			Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
		Traffic Way TWO-WAY, NOT DIVIDED		Traffic Control TRAFFIC SIGNAL		Traffic Control Inoperative/Missing NO		
		Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL		
		Truck Bus or HazMat NO						

02	02	Vehicle					
		License Plate Number 521GXN		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
		Vehicle Identification Number 1GNKVHKD6FJ363812		Make CHEVROLET	Year 2015	Model TRAVERSE	
		Color MAR - MAROON (BURGUNDY)		Body Style UT - SPORT UTILITY VEHICLE		Bus Use	
		Initial Contact Point 06 - REAR					



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UNIT VEHICLE	Vehicle Damage		
	Extent Of Damage MINOR DAMAGE	05 - RIGHT REAR CORNER, 06 - REAR, 07 - LEFT REAR CORNER	
	Towed Due To Damage NOT TOWED	Vehicle Removed By OPERATOR	
	What Driver Was Doing STOP IN TRAFFIC	Vehicle Factors	
UNIT VEHICLE	Driver Prior Action Other	NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION		
	Owner Name JOHN CLINTON SLONIKER	Owner Address S2965 STATE ROAD 23 REEDSBURG, WI 53959 , US	
	Sequence Of Events		
UNIT VEHICLE	Event MOTOR VEH IN TRANSPORT		
	Event MOTOR VEH IN TRANSPORT		
	Event		
	Event		
UNIT INDIVIDUAL	Policy Holder		
	Insurance Company USAA-CASUALTY-INS-CO	Individual JOHN SLONIKER	
	Individual		
	Driver LESLIE ERIN WILLIAMSON (608) 415-2332	Citations Issued 0	Sex FEMALE
UNIT INDIVIDUAL	Date of Birth 01/10/1986	Race WHITE	
	Address 100 SILVER DR REEDSBURG, WI 53959 , US	Driver License Number W4525258651008 STATE: WISCONSIN COUNTRY: UNITED STATES	
	Safety Equipment		On Duty Crash
	Row 01 - FRONT ROW	Seat Position 07 - LEFT	Safety Equipment SHOULDER & LAP BELT
Helmet Use		Helmet Compliance	
Eye Protection		Tint Compliance	
UNIT INDIVIDUAL	Injury		Airbag
	Injury Severity NO APPARENT INJURY	NON DEPLOYED	
	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED
	Medical Transport NOT TRANSPORTED	EMS Agency Identifier	EMS Run #
Hospital		Date of Death	Time of Death

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UNIT	Distracted By		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)		
	Distracted By Action NOT DISTRACTED				
	Non Motorist		Striking Unit #	Location	
	Prior Action				
	Action				
	Action Other				To/From School
	Drug & Alcohol		Suspected Alcohol Use NO	Suspected Drug Use NO	
	Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type		Alcohol Test Results
	Drug Test Given TEST NOT GIVEN		Drug Test Type	Drug Test Results	
	Drug Type				
02	002	Individual Condition			
		APPEARED NORMAL			